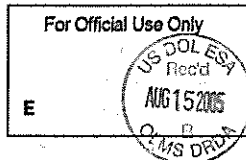


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 7903	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Claudia M McGonigal P.O. Box, Bldg., Room No., if any Ste. 104 Street 601 S. Brand Blvd. City San Fernando State California ZIP Code + 4 91340-4040	4. Name, file number, and address of labor organization. Name Communications Workers of America, Local 9587 Labor Organization File Number 065-627 P.O. Box, Building and Room Number, if any Ste. 104 Street 601 S. Brand Blvd. City San Fernando State California ZIP Code + 4 91340-4040
5. Position in labor organization. President	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <i>Claudia M. McGonigal</i>	On 08/07/2005 Date	818 365-2282 Telephone Number

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name <input type="text" value="Lawrence Drasin & Associates"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text" value="Ste. 500"/> Street <input type="text" value="1849 Sawtelle Blvd."/> City <input type="text" value="Los Angeles"/> State <input type="text" value="California"/> ZIP Code + 4 <input type="text" value="90025"/>	14.a. Nature of payment. <div><input type="text" value="Christmas gift-music box"/></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ?	14.b. Amount of payment. <div><input type="text" value="\$50"/></div>